

SWAG Secretariat
Tuesday 2 June 2026
10:00 – 11:30
MS Teams

Attendees List

Confirmation of members in attendance at the time of writing:

Name	Organisation
Gordon Jamieson (Chair)	National Services Scotland
Norman Provan	Royal College of Nursing
Jacqui Jones	NHS Lanarkshire
Pamela Jamieson	NHS Dumfries and Galloway
Steven Lindsay	Unite
Gordon McKay	Unison
Fiona Hogg	Scottish Government
Jane Hamilton	Scottish Government

Additional attendees:

Name	Organisation
Aisha Holloway	Scottish Government
Kathleen Carolan	NHS Shetland
Lesley Shepherd	Scottish Government
Ronan O'Dowd (Secretariat)	Scottish Government
Zachary Deponio	Scottish Government
Catriona Hetherington	Scottish Government
Jenny Watson	Scottish Government
Veronica McAleaney	Scottish Government
Rebecca Hunter	Scottish Government
Amy Farmer	Scottish Government
Rebecca Reid	Scottish Government
Emma Weedon	Scottish Government
Emma Hamilton	Scottish Government

Apologies have been received from:

Name	Organisation
Christina Stokes	Scottish Government

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Agenda item 1: Welcome, Introductions and Apologies

- The Chair welcomed SWAG Secretariat members to the third meeting of 2026 and confirmed the meeting was quorate.
- The Chair noted that the April 2026 meeting of SWAG Secretariat was postponed due to the Scottish Parliament election period. Therefore, co-chairs agreed that this meeting should be extended to 90 minutes.
- Minutes from the meeting on 17th February 2026 were agreed and members agreed to the recording of the meeting for note-taking purposes.
- One member queried the status of 'Once for Scotland' work that was paused pending EHRC guidance on gender spaces, and whether SWAG has a role in assuring its progression. SG advised that work is underway to consider business as usual arrangements, including consideration of the draft EDI policy and gender transitioning guidance. It was noted that this work is expected to be an early priority once the group reconvenes under revised arrangements, subject to Cabinet Secretary agreement. Further detail, including governance and representation, will be brought back to SWAG.

Agenda Item 2: Nursing and Midwifery Taskforce

- VM advised that CNOD have been tasked with coordinating Phase 2 of the Nursing and Midwifery Taskforce (NMT) and provided an overview of progress.
- The NMT was established by the Scottish Government in February 2023, following requests from the RCN and RCM during pay negotiations, to

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address challenges in attracting and retaining nurses and midwives. Pay, terms and conditions were out of scope.

- VM noted that the taskforce brings together representatives from across health and social care, with the aim of listening to nurse and midwifery staff, understanding issues affecting their ability to stay in their work and identifying recommended actions that would deliver short term and long-term sustainable change.
- VM explained that phase 1 of NMT was delivered via a listening project which ran from August 2023 to June 2024. There was a pulse survey followed by a focus group with nursing and midwifery students and academics to discuss the results of the survey. Over 4000 nurses and midwives took place in the listening project. Working groups analysed feedback and developed recommended actions.
- Phase 2 began with the publication of the NMT report in February 2025, which set out 44 recommended actions. Delivery has been structured across four subgroups to support implementation, which are; Attraction and Education and Development (led by CNOD) and Culture and Leadership and Working Environment and Work-Life Balance (led by Health Workforce). Oversight is provided by the NMT Ministerial Oversight Group and a Sub-Group Co-Chairs meeting.
- Progress to date includes workshops to agree baselines and measures of success, with most now established. Delivery plans are in place but require further refinement, with next steps focused on prioritisation.

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- A dedicated NMT website was launched at the start of the year to share progress, gather ongoing feedback from nursing and midwifery staff, and highlight emerging impacts and good practice.

Discussion

- One member noted that while some NMT recommendations align with themes being considered through SWAG, SWAG's remit covers the entire NHS workforce and is not designed to address profession-specific issues in all instances. It was recognised that recommendations relating specifically to the Nursing and Midwifery workforce should be able to progress through the appropriate NMT governance routes where this is the most suitable mechanism for oversight and implementation, even if they have previously come to SWAG.
- One member noted that suggestions to remit work to SWAG can be difficult where the issue is specific to one professional group, as SWAG is set up to apply across the whole workforce. In this context, it was observed that work arising from the Nursing and Midwifery Task Force would not be suitable to route through SWAG. An example was provided around the 'Once for Scotland' Flexible Working Policy, as its implementation has been recognised as more difficult in nursing due to the 24/7 nature of services and rota requirements. It was highlighted that this should be a consideration for implementation approaches.
- VM acknowledged the feedback and confirmed this would be shared with NMT co-chairs. VM noted that a formal sign-off process is in place for recommended actions, requiring evidence of effectiveness and clarity on the target groups for implementation.

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- The Chair queried whether there is an expectation of consistency in implementation across Scotland, and how this would be monitored. VM confirmed that a more standardised approach is an objective, noting current variation across Boards can impact staff experience. Governance and oversight arrangements are intended to support scrutiny, although delivery is still at an early stage.

Agenda Item 3: Anchors Workforce – NHS Parental Employability

- RH provided a high-level update on the current work to support Boards in tackling inequalities through fair work opportunities, focusing on the draft NHS Parental Employability Framework and recent funding through 'Bringing Hope, Building Futures'.
- The NHS Parental Employability Task & Finish Group was established in October 2025 under the Anchors Workforce workstream. Co-chaired by Deputy HRDs from NHS Tayside, membership includes NHS, HR, public health, staffside, recruitment, employability leads, local authorities, COSLA and SG.
- RH advised that the group is developing a framework to address barriers facing parents, support flexible pathways into employment, and strengthen NHS Scotland's contribution to reducing child poverty. This includes key messages for senior leaders, system-level recommendations, and practical tools.
- Progress includes synthesising learning from existing approaches across Scotland, identifying effective pathways and key challenges. Evidence

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highlights positive impacts on access to employment, wellbeing and financial stability. The draft framework sets out strategic intent, principles, success factors, and guidance on partnership working, funding, and monitoring.

- Supporting resources include a pathway design guide, practical examples, and further tools in development, including templates for managers and participants.
- RH outlined that the next steps include finalising resources, publishing the framework, and progressing recommendations to address system barriers.
- SG will invest up to £4.2 million in this financial year through 'Bringing Hope, Building Futures' to support this employability structure and paid placements for parents. A bidding process is underway, with Boards submitting plans for assessment by SG.
- RH highlighted wider workstreams that are being progressed that include expanding employability opportunities, strengthening local collaboration, improving inclusive recruitment practices, and developing initial learning progression pathways.
- A hiring managers' resource centre will launch on Turas in summer, bringing together guidance to support fair and consistent recruitment. Early pilot work with some Boards on job descriptions and entry requirements has identified barriers, which will inform a forthcoming report with recommendations.
- RH invited feedback on the draft framework and input into opportunities for collaborative working.

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Discussion

- The Chair acknowledged that we have an evolving and expanding approach to recruitment and development, and welcomed the work around fair work opportunities.
- One member supported the good intent of the framework and its contribution to tackling child poverty and inequalities. However, they highlighted delivery challenges, particularly around funding on an annual basis, manager capacity, and the absence of dedicated employability teams in some Boards.
- Another member highlighted the broader conversation about public service reform and how we work across Scotland, noting a need to better coordinate employability efforts at local and Board level and avoid duplication. They emphasised that a sustainable workforce comes from recruiting locally, and that the Anchors work is an important foundation across this agenda. However, variation in recruitment approaches across the 21 Boards was identified as a challenge, with potential drop-off in candidates and missed opportunities. Greater joining-up across Scotland will be important to support employability, Anchors, and child poverty outcomes.
- Members raised operational considerations, including the types of roles offered, PVG requirements, and ensuring appropriate onboarding and support for temporary placements. Concerns were also noted around the interaction with the benefits system and the potential disincentives for individuals if income affects benefit entitlement.

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- An NHS employer highlighted existing employability infrastructure in NHS Lanarkshire and suggested exploring collaborative approaches to support Boards without dedicated teams, potentially as a test of change.
- The Chair acknowledged that employability support must extend beyond job opportunities to address wider barriers such as transport, childcare, and financial considerations, noting similar challenges for existing staff affected by benefit rules.
- RH acknowledged the challenges, including the limitations of single-year funding, and emphasised the intention to build an evidence base to inform any future investment. RH noted that a number of Boards worked with their employability partners to help individuals understand the financial implications of entering employment, including longer-term benefits.
- RH also stressed the importance of early engagement with managers and clear guidance to support implementation. Opportunities for collaboration across Boards were welcomed.
- Members were encouraged to provide any further comments and feedback to RH by email.

Agenda Item 4: Face Mask DL

- EH provided advance notice of a planned update to DL(2022)10, which enables preferential access to FFP3 face masks based on staff preference.
- The DL was introduced in April 2022 during a period of transition where some of the enhanced COVID-19 infection prevention and control measures were

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being stood down. The DL set out a process to support access to FFP3 masks, primarily to address psychological safety concerns.

- EH stated that the DL is now due for review and update.
- EH noted that whilst this DL is distinct, and not an IPC mitigation, the update is timely as publication will likely happen in tandem with the update to Chapter 2 'Transmission-Based Precautions' of the National Infection Prevention and Control Manual, being led by ARHAI Scotland, with a formal launch expected in summer 2026.
- Members were invited to raise any questions.

Discussion

- The Chair queried the differences in supply routes during the pandemic and asked whether references to health and social care staff include care homes and other settings, and whether supply would now follow standard routes for each sector. EH confirmed the policy remains extant and that existing routes for staff to request and access FFP3 masks should already be in place.
- One member asked if consideration had been given to recommendations that may come out of the COVID-19 Inquiry in relation to infection control measures. EH noted that ARHAI have been working internationally with WHO and others in relation to considering the transmission descriptors and how they are being developed. ARHAI have been working internationally in relation to reviewing the best available evidence in lieu of any formal inquiry recommendations at this point.

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- It was clarified by the member that there is the potential for future Inquiry recommendations to support continued access to FFP3 masks, which may require a change to the policy in future. EH advised that the intention is to update, not withdraw, the DL, ensuring continued access to FFP3 masks in a business-as-usual context rather than a COVID-specific one.

Actions	
A02062026(1)	Health Workforce colleagues will bring a further update on this item to the SWAG Committee meeting on 23 June.

Agenda Item 5: ANP Uniforms

- Members recapped the previous SWAG discussion and the rational for bringing this item back.
- AH noted the proposal had been developed from a pragmatic perspective, drawing on evidence and stakeholder engagement.
- JH highlighted that the fundamental objective of the uniform policy was to reduce variation across NHS Scotland, improving staff identification, preventing misuse, and managing costs. SWAG has been the governance group for the uniform policy from the outset and have a general position of not introducing additional uniforms without a strong evidence base.
- AH emphasised that the current proposal is supported by emerging evidence, particularly on the importance of uniforms for staff identification. Variation

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across Boards and an increasing workforce were noted as challenges, alongside considerations of accessibility and population diversity.

- AH noted that evidence indicates that patients and families value clear visual identifiers in clinical settings, with safety concerns also raised by clinicians where roles, including ANPs, are not easily distinguishable.
- KC outlined that this work was driven by patient safety, with reports from Boards in 2021 that adverse events were linked to difficulties identifying ANPs in urgent care settings. Research commissioned through the Advanced Practice Academies provides a more robust evidence base, including the case for a distinct uniform and colourway. The uniform policy was published in 2010 when ANP was in its infancy. In 2021, it felt timely to do a piece of research and show if there was a correlation between a unique uniform and patient safety issues.
- KC advised that the proposed approach is for a consistent 'Once for Scotland' uniform and to have a single colourway.
- KC noted that while broader advanced practice roles were considered, this work focused specifically on ANPs due to its patient safety basis.
- Members were invited to ask questions.

Discussion

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- One member questioned the distinction between preference and patient safety, noting a lack of clear evidence in the paper linking uniform variation to recorded safety incidents. They emphasised the need for data demonstrating impact on care quality.
- KC advised that in 2021 there was research that NHS GG&C presented on the adverse incidents they had encountered, but there has not been a piece of work more recently that looks at this. This is partly because 11 out of 14 Boards have decided to put their own colourway in place in order to mitigate the risk. This has increased risk as Resident Doctors are moving from Board to Board and now have ANPs in different colourways.
- Several members raised concerns about the robustness of the research methodology and the strength of the evidence base. While acknowledging that variation in uniforms can create confusion, members noted no clear evidence that patient safety is compromised, and questioned whether this justifies policy change, particularly for one group only.
- Members highlighted the risk of precedent, noting that approving a distinct uniform for ANPs could lead to similar requests from other professional groups. Concerns were also raised about a return to excessive variation, undermining the original 'Once for Scotland' principles of consistency and simplicity. It was also noted that changing policy in response to Boards having already deviated from it would set a negative precedent, signalling that non-compliance may be accepted if widely adopted.
- Some members noted that a number of Boards have already introduced variations, indicating a perceived issue that should not be ignored. However, members agreed that clear principles and evidence would be required to support any change.

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- Wider concerns were raised about policy compliance, with some Boards acting outside the national policy. Members noted the need to address this alongside any consideration of change.
- The Chair emphasised the need to consider the broader implications, including workforce growth in advanced roles, consistency, and the upcoming uniform contract renewal. A more fundamental review of the uniform policy may be required to ensure it is fit for the future.
- Members agreed on the need for further evidence. It was proposed that all Boards be contacted to confirm whether local variations have been introduced, the rationale for this, and any supporting evidence, particularly on patient safety.

Actions	
A02062026(2)	Further analysis will be undertaken over summer, with a view to bringing a paper back to SWAG Secretariat in September and onward to full SWAG thereafter.

Agenda Item 6: AOB

- SG noted that, following the Scottish Parliamentary election, a new government is being formed. As this is still at an early stage, there are no substantive updates at present. A verbal update can be provided at the next SWAG Committee meeting if members wish.

Next Meeting: SWAG Secretariat Tuesday 1 September 2026 10:00 – 11:00

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